

GIC Health Plan Rates – Monthly Rates *as of July 1, 2009*

For ATHOL-ROYALSTON SCHOOL DISTRICT ENROLLEES



Commonwealth of Massachusetts
Group Insurance Commission

Active Employees, Retirees, and Survivors *WITHOUT* MEDICARE

Includes 0.33% Administrative Fee



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	20%	\$ 81.15	\$194.75
Fallon Community Health Plan Select Care	20%	\$ 98.40	\$236.15
Harvard Pilgrim Independence Plan	20%	\$105.26	\$254.74
Health New England	20%	\$ 86.22	\$213.72
Navigator by Tufts Health Plan	20%	\$103.81	\$250.14
NHP Care (<i>Neighborhood Health Plan</i>)	20%	\$ 83.37	\$220.92
UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>)	20%	\$153.51	\$358.36
UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>)	20%	\$146.41	\$341.87
UniCare State Indemnity Plan/ Community Choice	20%	\$ 82.26	\$197.41
UniCare State Indemnity Plan/PLUS	20%	\$106.49	\$254.13

Retirees and Survivors *WITH* MEDICARE

	Retirees and Survivor Retiree/Survivor Pays Monthly Per Person	
HEALTH PLAN	%	\$
Fallon Senior Plan*	20%	\$ 40.03
Harvard Pilgrim Medicare Enhance	20%	\$ 69.99
Health New England MedPlus	20%	\$ 72.67
Tufts Health Plan Medicare Complement	20%	\$ 64.33
Tufts Health Plan Medicare Preferred*	20%	\$ 35.62
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>)	20%	\$ 70.59
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>)	20%	\$ 68.47

* Rates are subject to federal approval and may change January 1, 2010.

Rates are Calculated by the Athol-Royalston School District Benefits Office.

Rate questions? Call: 1.978.249.2400